

STATE OF MONTANA

NOTICE of
CANCELLATION of
ASSUMED BUSINESS NAME or
LIMITED LIABILITY PARTNERSHIPS
(30-13-213, MCA)

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*



Prepare, sign and submit with an Original signature.
This is the minimum information required.

(This space for use by the Secretary of State only)

No Fee

☐ Priority Filing Fee Add \$20.00

PLEASE CHECK ONE BOX:

- ☐ Cancellation of ABN (30-13-213, MCA)
☐ Cancellation of LLP (30-13-213, MCA)

1. **The Assumed Business Name or LLP to be canceled is:** _____

2. The name and address of the original applicant are as follows:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.

Signature of Applicant _____ Title/Ownership Interest in Business Organization _____

State of: _____ County of: _____

Signed or attested before me on: _____ (date) by [name(s) of person(s)] _____

Signature of notary: _____ Printed name of notary public: _____

Notary public for the state of: _____ Residing at: _____

My commission expires: _____

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**

Application for Cancellation of Assumed Business Name or LLP

HELP SHEET

Please type or clearly print the requested information.

Filing Fee. Please submit this form with an ORIGINAL signature. You may request priority filing of your document. Simply mark the "priority filing" box and include an additional \$20.00 with your filing fee for a total of \$20.00. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.

Notary Requirement. Please be sure to have the form notarized.

Submission. Upon completion, mail with ORIGINAL SIGNATURE to the Secretary of State, PO Box 202801, Helena, MT 59620-2801. Make checks payable to the Secretary of State.

Compliance Review. The Secretary of State's office will review this form and send a letter of acknowledgment to you once your document has met statutory requirements and has been filed with our office. You will receive a letter outlining any deficiencies if your document does not meet statutory requirements.

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.